DATE . \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Paper No.:
DATE : L/2-04	
TO SPE OF : ART UNIT 2858	
SUBJECT : Request for Certificate of A response is requested with respect to	f Correction on Patent No.: 6 917 206 or the accompanying request for a certificate of correction.
Please complete this form and retur	n with file, within 7 days to:
Certificates of Correction Branch	- PK3-922 S/T 9522
Palm location 7580 - Tel. No. 305-8	309
With respect to the change(s) requested patent read as shown in the certificate scope or meaning of the claims be changed Check Columns	ed, correcting Office and/or Applicant's errors, should the of correction? No new matter should be introduced, nor should the
Check COlumns	201
	<u>eyom</u>
Thank You For Your Assistance	Certificates of Correction Branch
Note your decision on the appropriate box.	-identified correction(s) is hereby:
☐ Approved	All changes apply.
☐ Approved in Part	All changes apply. Specify below which changes do not apply.
☐ Approved in Part☐ Denied	Specify below which changes do not apply.
☐ Approved in Part☐ Denied	Specify below which changes do not apply.
☐ Approved in Part☐ Denied	Specify below which changes do not apply.
☐ Approved in Part☐ Denied	Specify below which changes do not apply. State the reasons for denial below.
☐ Approved in Part☐ Denied	Specify below which changes do not apply.
☐ Approved in Part	Specify below which changes do not apply. State the reasons for denial below.
☐ Approved in Part☐ Denied	Specify below which changes do not apply. State the reasons for denial below.